

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED			AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1							51				
2		1					52				
3		(1)					53				
4		(2)					54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		1					TOTAL IND.				
TOTAL DEP.		3					TOTAL DEP.				
TOTAL CLAIMS		4					TOTAL CLAIMS				